

TRAVEL EXPENSE CLAIM

See Instructions and *Privacy
Statement on separate docuShare
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CLAIMANT'S NAME Victoria L. Bradshaw				SSAN OR EMPLOYEE NUMBER*				DEPARTMENT XXXX Labor & Workforce Dev Agency			
POSITION XXXXXXXXXX				BARGAINING UNIT				DIVISION OR BUREAU Office of the Secretary			
RESIDENCE ADDRESS* XXXXXXXXXX				HEADQUARTERS ADDRESS 801 K Street, Suite 2101				TELEPHONE NUMBER 916-327-9064			
CITY XXXXX XXXX				STATE CA				ZIP CODE XXXX			
CITY XXXXX XXXX				STATE CA				ZIP CODE 95814			

(1) MONTH/YEAR	(2) DATE	(3) LOCATION WHERE EXPENSES WERE INCURRED	(4) LODGING	(5) MEALS			(6) INCIDENTALS	(7) COST OF TRANS	(8) TRANSPORTATION				(9) TOTAL EXPENSES FOR DAY
				BREAKFAST	LUNCH	O.T., LT, RELO or DINNER			(A) TYPE USED	(B) CARFARE, TOLLS, PARKING	(C) PRIVATE CAR USE Miles	(D) Amount	
04/10	0607	Sac-Sunnyvale-Sac							PC		242	\$121.020	121.020
	1500												
14	0607	Sac-San Diego	123.95		10.00	18.00			PC		11	\$5.510	157.460
15	1633	San Diego-Sac		6.00	10.00		6.00		PC	18.00	11	\$5.510	45.510
	0730												
19	1900	Sac-MenloPark-Sac							PC	4.00	231	\$115.640	119.640
	0730												
21	1430	Sac-Sunnyvale-Sac							PC		238	\$118.870	118.870
	0900												
22	1530	Sac-Milpitas-Sac							PC	4.00	180	\$90.200	94.200
	0555												
30	1440	Sac-LA-Sac		6.00				112.50	PC	9.00	22	\$11.020	138.520
		SouthWest flights via State contract/SWABIZ & Sac Travel											
(10) SUBTOTALS			123.95	12.00	20.00	18.00	6.00	112.50		35.00	936	\$467.770	\$795.22
COLUMN CODE (ACCTG. USE ONLY)													
CLAIM TOTAL													\$795.22

(11) PURPOSE OF TRIP: REMARKS AND DETAILS (Attach receipts/vouchers when required)		(11A) Summary					(12) NORMAL WORK HOURS
		Description/ Cost Center	Exp. Code	Debit Amount	Project Code	Activity Code	
4/6 CaliSolar event w/Governor							(13) PRIVATE VEHICLE LICENSE XXXXXX
4/14-15 BioFuel Companies meetings							
4/19 Business Climate Summit w/Governor							(14) MILEAGE RATE CLAIMED \$0.500
4/21 Serious Materials w/Gov Bill signing, etc.							
4/22 SunPower w/Gov 40th Earth Day							AGENCY ACCOUNTING OFFICE USE ONLY PAID BY REVOLVING FUND CHECK NUMBER
4/30 w/Gov & LA Mayor press event renewable energy company HQ in LA							
			Total		Document Reference	Prepared By	

(15) I HEREBY CERTIFY That the above is a true statement of the travel expenses incurred by me in accordance with DPA rules in the service of the State of California. If a privately owned vehicle was used, and if mileage rates exceed the minimum rate, I certify that the cost of operating the vehicle was equal to or greater than the rate claimed, and that I have met the requirement as prescribed by SAM Sections 0750, 0751, 0752, 0753, and 0754 pertaining to vehicle safety and seat belt usage.

CLAIMANT'S SIGNATURE XXXXXXXXXX		DATE 5.6.10	(16) SIGNATURE OF OFFICER APPROVING TRAVEL AND PAYMENT XXXXXXXXXX		DATE 5-10-10
(17) SIGNATURE AND TITLE OF AUTHORITY FOR SPECIAL EXPENSES (See Item 17 on reverse)					